



STATE OF FLORIDA PERMIT APPLICATION TO CONSTRUCT,  
REPAIR, MODIFY, OR ABANDON A WELL

- ☐ Southwest  
☐ Northwest  
☐ St. Johns River  
☐ South Florida  
☐ Suwannee River

THIS FORM **MUST** BE FILLED OUT COMPLETELY.

The water well contractor is responsible for completing this form and forwarding the permit to the appropriate delegated county where applicable.

CHECK BOX FOR APPROPRIATE DISTRICT. ADDRESS ON BACK OF PERMIT FORM.

Permit No.
Florida Unique I.D.
Permit Stipulations Required (See attached)
62-524 well <input type="checkbox"/>
CUP/ WUP Application No.

ABOVE THIS LINE FOR OFFICIAL USE ONLY

Fold at this line in order that address is visible through envelope window

1. Owner, Legal Name of Entity if Corporation Address City Zip Telephone Number

2. Well Location — Address, Road Name or Number, City

3. Well Drilling Contractor License No. Telephone No.  
Address  
City State Zip  
4. 1/4 of (smallest) 1/4 of (biggest) Section (Indicate Well on Chart)  
5. Township Range

NW	NE
SW	SE

6. County Subdivision Name Lot Block Unit

7. Number of proposed wells Check the use of well: (See back of permit for additional choices) Domestic Monitor (type)  
Irrigation (type) Public Water Supply (type) List Other  
(See Back) (See Back)  
Distance from septic system ft. Description of facility Estimated start of construction date

8. Application for: New Construction Repair/Modify Abandonment (Reason for Abandonment)  
9. Estimated: Well Depth Casing Depth Screen Interval from to  
Casing Material: Blk-Steel / Gal / PVC Casing Diameter Seal Material

Date Stamp

10. If applicable: Proposed From to Seal Material  
Grouting Interval From to Seal Material  
From to Seal Material

11. Telescope Casing or Liner (check one) Diameter  
Blk-Steel / Galvanized / PVC Other (specify: )

12. Method of Construction: Rotary Cable Tool Combination  
Auger Other (specify: )

13. Indicate total No. of wells on site List number of unused wells on site

14. Is this well or any other well or water withdrawal on the owner's contiguous property covered under a Consumptive/Water Use Permit (CUP/WUP) or CUP/WUP Application? No Yes

(If yes, complete the following) CUP/WUP No.

District well I.D. No.

Latitude Longitude

Data obtained from GPS or map or survey ( map datum NAD 27 NAD 83 )

Draw a map of well location and indicate well site with an "X". Identify known roads and landmarks; provide distances between well and landmarks.

North  
West East  
South

15. I hereby certify that I will comply with the applicable rules of Title 40, Florida Administrative Code, and that a water use permit or artificial recharge permit, if needed, has been or will be obtained prior to commencement of well construction. I further certify that all information provided on this application is accurate and that I will obtain necessary approval from other federal, state, or local governments, if applicable. I agree to provide a well completion report to the District within 30 days after drilling or the permit expiration, whichever occurs first.

I certify that I am the owner of the property, that the information provided is accurate, and that I am aware of my responsibilities under Chapter 373, Florida Statutes, to maintain or properly abandon this well; or, I certify that I am the agent for the owner, that the information provided is accurate, and that I have informed the owner of his responsibilities as stated above. Owner consents to personnel of the WMD or a representative access to the well site.

Signature of Contractor License No. Owner's or Agent's Signature Date

DO NOT WRITE BELOW THIS LINE — FOR OFFICIAL USE ONLY

Approval Granted By: Issue Date: Hydrologist Approval Initials

Owner Number: Fee Received: \$ Receipt No.: Check No.:

THIS PERMIT NOT VALID UNTIL PROPERLY SIGNED BY AN AUTHORIZED OFFICER OR REPRESENTATIVE OF THE WMD. IT SHALL BE AVAILABLE AT THE WELL SITE DURING ALL DRILLING OPERATIONS. This permit is valid for 90 days from date of issue.

***Southwest Florida Water Management District***

2379 Broad Street, Brooksville, FL 34609-6899

Phone: 352-796-7211

***Northwest Florida Water Management District***

152 Water Management Dr., Havana, FL 32333-4712

Phone: 904-539-5999

***St. Johns Water Management District***

P.O. Box 1429, Palatka, FL 32078-1429

Phone: 407-897-4349

***Suwannee River Water Management District***

Route 3, Box 64, Live Oak, FL 32060

Phone: 904-362-1001

***South Florida Water Management District***

P.O. Box 24680 (3301 Gun Club Road)

West Palm Beach, FL 33416-4680

Fax: 561-682-6896

Phone: 561-686-8800

or 800-432-2045

***Collier County: Collier Co. Customer Services***

2800 North Horseshoe Drive

Naples, FL 34104

Fax: 239-643-6968

Phone: 239-403-2391

***Hendry County Hendry/Glades County Health Dept.***

P.O. Box 70

LaBelle, FL 33975

Fax: 863-674-4026

Phone: 863-674-4047

***Lee County NRM***

1500 Monroe Street, 1<sup>st</sup> Floor Permitting

Ft. Myers, FL 33901

Fax: 239-479-8399

Phone: 239-479-8146

***City of Cape Coral***

P.O. Box 150027

Cape Coral, FL 33915-0027

Fax: 239-574-0882

Phone: 239-574-0875

***Martin County Health Dept.***

620 South Dixie Highway

Stuart, FL 34994

Fax: 772-221-4967

Phone: 772-221-4090

***Miami-Dade County DERM***

33 SW 2<sup>nd</sup> Avenue, Suite 500

Miami, FL 33130-1540

Fax: 305-372-6631

Phone: 305-372-6639

***Okeechobee County Health Dept.***

P.O. Box 1879 (1728 NW 9<sup>th</sup> Avenue)

Okeechobee, FL 34973-1879

Fax: 863-462-5218

Phone: 863-462-5812

***Osceola County Health Dept.***

P.O. Box 450309

Kissimmee, FL 34745-0309

Fax: 407-343-2072

Phone: 407-343-2070

***St. Lucie Health Dept.***

5150 NW Milner Drive

Port St. Lucie, FL 34983

Fax: 772-873-4893

Phone: 772-873-4931